



Fee only

Docket No.: 522.1919-C3C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Tsutae SHINODA et al.

Serial No. 10/810,815

Group Art Unit: To be Assigned

Confirmation No. 9723

Filed: March 29, 2004

Examiner: To be Assigned

For: FULL COLOR SURFACE DISCHARGE TYPE PLASMA DISPLAY DEVICE

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Before examination of the above-identified application, please amend the application as follows:

01/28/2005 VBROWN2 00000008 193935 10810815

01 FC:1202 550.00 DA

REMARKS

In accordance with the foregoing, the dependences of claims 78-80 are corrected to depend from independent claim 73 and new dependent claims 81, 82, and 83, 84 and 85 are added, without the introduction of new matter.

Approval and entry of the foregoing amended and new claims are respectfully requested.

It is respectfully requested that this Supplemental Preliminary Amendment be entered in the above-referenced application.

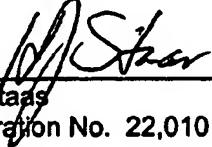
If there are any additional fees associated with filing of this Supplemental Preliminary Amendment, please charge the same to our Deposit Account No. 19-3935.

Respectfully submitted,

STAAS & HALSEY LLP

Date: January 5, 2005

By:


H. J. Staas

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PATENT APPLICATION FEE DETERMINATION RECORD

EFFECTIVE DEC. 8, 2004 Substitute for Form PTO-875 **EFFECTIVE DEC. 8, 2004** **10/810,815**

CLAIMS AS FILED – PART I			Application or Docket Number	
(Column 1)		(Column 2)	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee
BASIC FEE (37 CFR 1.16(a))			\$375	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	x \$25 =	\$750
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	x \$100 =	\$200
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))	+ \$180 =	\$360
			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II			OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)	(Column 3)	(Column 1)		
AMENDMENT <i>1/5/05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	130	Minus	** 119 = 11	x \$25 =	\$500
	Independent (37 CFR 1.16(b))	13	Minus	*** 13 = —	x \$100 =	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$180 =	\$360	
				TOTAL ADD'L FEE		

(Column 1)			(Column 2)	(Column 3)	(Column 1)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	** — = —	x \$25 =	\$500
	Independent (37 CFR 1.16(b))	*	Minus	*** — = —	x \$100 =	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$180 =	\$360	
				TOTAL ADD'L FEE		

(Column 1)			(Column 2)	(Column 3)	(Column 1)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	** — = —	x \$25 =	\$500
	Independent (37 CFR 1.16(b))	*	Minus	*** — = —	x \$100 =	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$180 =	\$360	
				TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

522-1919-CSE
10/8/10, PLS

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	71	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	71 minus 20 =	51
INDEPENDENT CLAIMS	12 minus 3 =	9
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	119	Minus	71 = 48
Independent	13	Minus	13 =	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/>				

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	918
X43=		OR X86=	774
+145=		OR +290=	
TOTAL		OR TOTAL	2467

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	864.00
X43=		OR X86=	86.00
+145=		OR +290=	290.00
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	1240.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	=	=
Independent	Minus	---	---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	=	=
Independent	Minus	---	---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.